

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U 00000 15095	2. Fiscal Year Covered From: 12/31/03 Through: 12/31/04
3. Name and address of person filing. Name THOMAS Joseph P.O. Box, Bldg., Room No., if any Street 7570 Cagle City NORTHWOOD State OHIO ZIP Code + 4 43612	4. Name, file number, and address of labor organization. Name UA Local 50 Labor Organization File Number 037153 P.O. Box, Building and Room Number, if any Street SAME City State ZIP Code + 4
5. Position in labor organization. Business Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name NA Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Thomas Joseph

On

8-15-05 **419 662 5456**
Date Telephone Number

Name of Person Filing <u>Thomas Joseph</u>	File Number U- <u>00000</u>
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any). Name <u>LOCAL 50 Heath & Welfare Trust</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any <u>7570 CAPLE BLVD Suite B</u> Street <u>7570 CAPLE BLVD</u> City <u>NORTH WOOD</u> State <u>Ohio</u> ZIP Code + 4 <u>43619</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input checked="" type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>SAME</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <u>100⁰⁰ for reimbursement for canceled trip to Trustee IFERP Conference in New Orleans. 100⁰⁰ applied to this year's conference for air fair</u> 11.b. Approximate dollar value of such dealing. <u>0</u> 12.a. Nature of interest held or income received. <u>From time to time during the year I attended various functions, for which no records are available to me, but I have no reason to believe that they are anything but de minimis</u> 12.b. Amount. <u>0</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>FRONT PATH HEALTH COALITION</u> Trade Name, if any: <u>Health Care Provider</u> P.O. Box, Bldg., Room No., if any Street <u>1755 Indian Wood Circle</u> City <u>MAUMEE</u> State <u>Ohio</u> ZIP Code + 4	14.a. Nature of payment. <u>I AM a board member of the not for profit Health CARE alliance From time to time I attended various board meetings and function for which I have no records of have no reason to believe that they are anything but de minimis</u> 14.b. Amount of payment. <u>0</u>
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. <u>0</u>

TO: DEANNA, LOCAL 50 HEALTH & WELFARE
FROM: THOMAS JOSEPH
DATE: 3-2-05
RE: IFEBP CONFERENCE AIRFARE REIMBURSEMENT

I was scheduled to attend the IFEBP in New Orleans in September of 2004, but the conference was cancelled due to the hurricane. I did not ask for reimbursement from Health & Welfare because I would be attending the IFEBP conference in Hawaii and would apply this ticket to my new ticket. My New Orleans ticket, with the value of \$218.20, was deducted from my ticket to the IFEBP conference in Hawaii with a \$100.00 change fee added. I have put this ticket on my personal credit card also.

Please reimburse me in the amount of \$998.32 for my airfare.

(Hawaii @ \$780.12 + New Orleans @ \$218.20 = \$998.32).

Please see attachment and contact me if you should have any questions.

Hawaii original ticket price:	\$898.32
Less New Orleans ticket:	<u>-\$218.20</u>
	\$680.12
Plus ticket change fee:	<u>+\$100.00</u>
Hawaii adjusted ticket price:	\$780.12

Hawaii ticket price:	\$780.12
Plus New Orleans ticket price:	<u>+\$218.20</u>
Total airfare reimbursement:	\$998.32

**ATHWESTERN OHIO PLUMBERS & PIPEFITTERS
PENSION PLAN**

7570 CAPLE BLVD. SUITE B
NORTHWOOD OH 43619-1084

1963

DATE 3-14-05

66-1501/112
1530

E R OF Thomas Joseph

\$998.32

DOLLARS & CENTS



Conference

Thomas Joseph
Walter A. Schmitt

⑈001963⑈ ⑆041215016⑆ 01472565635⑈

1795 INDIAN WOOD CIRCLE
SUITE 200
MADISON, OHIO 43037
614.891.9206
614.891.9210 Fax

MEMO



TO: Whom It May Concern

FROM: Susan E. Szymanski
Executive Director

A handwritten signature in black ink, appearing to read "Susan", written over the printed name and title.

DATE: August 15, 2005

RE: Form LM-30

The purpose of this memorandum is to inform you that Tom Joseph did not receive or was not provided with any items of value (\$25.00 or greater), including gifts, or entertainment on behalf of FrontPath Health Coalition during the calendar year of 2004, and no later than August 15, 2005.

If you have any questions, please do not hesitate to contact me.